U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, finas, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10478	2. Fiscal Year Covered From.	
,	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name David R McCall	Name United Steelworkers of America	
	Labor Organization File Number 000-094	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 7788 Pembrook Drive	Street Five Gateway Center	
City Reynoldsburg	City Pittsburgh	
State Ohio ZIP Code + 4 43068	State Pennsylvan.d ZIP Code + 4 15222	
5. Position in labor organization.  Director, District One		
(except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Maine		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZIF Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable cenalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed David P. M. Coll	On 7/7/2005 (614)888-6052	
	Date Telephone Number	

Name of Person Filing David McCall	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Anthem Blue Cross/ Blue Shileld  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 6740 North High Street  City Wothington  State Ohio ZIP Code + 4 43085  10. If 9.b. or 9 c. is checked give trust or employer's name.  Name  Trade Name, if any:	9. Business deals with:   A. Labor Organ/zation  b. Trust  c. Employer  11.a. Nature of such dealing.  Health Insurance vendor		
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$0		
City State ZIP Code + 4	12.a. Nature of interest held or income received.  Golf outing (100.00)  gift of four football tickets (\$228.00)		
	12.b. Amount. \$328		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			

14.b. Amount of payment

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

Street

City

State